

DOUGLAS A. DUCEY
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ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-37

Complainant(s): Sabrina Gage

Respondent(s): Shella Martin-Tempel, DVM (License: 4244)

SUMMARY:

Complaint Received at Board Office: 10/5/21

Committee Discussion: 4/6/21

Board IIR: 5/19/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

In June 2020, "B..." a 1-year-old male mixed breed dog was presented to Dr. Hammerich due to the inability to gain weight. Blood work was performed and cryptosporidium was identified and treated with Azithromycin. A maldigestion profile was also performed and revealed some abnormalities that were discussed with Complainant and oral Cobalequin was started.

In September 2020, Dr. Hammerich's associate, Dr. Martin-Tempel, rechecked the dog's bloodwork and recommended stopping Cobalequin.

On September 28, 2020, the dog was presented to Dr. Evans Cordova at Roadrunner Animal Hospital and Grooming for a second opinion. Radiographs were performed and revealed a severely distended small intestine. Surgical exploration revealed multiple large diverticula throughout the jejunum which would likely require resection and anastomosis.

Due to quality of life issues, Complainant elected to humanely euthanize the dog.

Complainant was noticed and was not available.

Respondent was noticed and appeared telephonically. Attorney, David Stoll, appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Sabrina Gage*
- Respondent(s) narrative/medical record: *Sheila Martin-Tempel, DVM*
- Consulting Veterinarian(s)/medical record: *Jose Evans Cordova, DVM*

PROPOSED 'FINDINGS of FACT':

1. On June 25, 2020, the dog was presented to Dr. Hammerich. Due to Covid, Complainant was not allowed in the premises. The dog's history was obtained by technical staff member, CVT C [REDACTED]. Presenting concerns were that the dog was not gaining weight despite good appetite. The dog was found as a stray approximately 3 weeks prior. Complainant stated that she reported the dog was thin, vomiting, and barely gaining weight. According to CVT C [REDACTED] Complainant did not report the dog had been vomiting, even after being asked if the dog had been.

2. Upon exam, the dog had a weight = 11.3 pounds, a temperature = 101.3 degrees, a heart rate = 110bpm, and a respiration rate = 42rpm; BCS = 1/9. Dr. Hammerich called Complainant after she examined the dog to go over her findings. She verified the information given to CVT C [REDACTED] and the only concern voiced by Complainant was that the dog did not seem to be gaining weight even though he had a good appetite. Dr. Hammerich advised that the dog was underweight but the rest of her exam findings were unremarkable. The abdomen palpated non-painful. Based on the information provided by Complainant and Dr. Hammerich's exam, her rule-outs were intestinal parasites, infectious disease process (Valley Fever), a tick born disease, organ issues, endocrine issues, and/or malabsorption/maldigestion issue.

3. Dr. Hammerich recommended starting with blood work, a fecal, a PCR GI profile and a maldigestion profile. She briefly talked about radiographs but Complainant did not report the dog was vomiting therefore radiographs were not pushed at that time, but advised they may be needed in the future. Complainant agreed to starting with Dr. Hammerich's recommendations; the maldigestion profile could not be performed due to the dog having eaten within 12 hours prior to the appointment. The dog would need to be brought back in for blood collection at a later date. Dr. Hammerich vaccinated the dog against distemper-parvo, Bordetella and rabies.

4. Blood work revealed the following abnormalities:

<i>T. Pro</i>	3.7	5 – 7.4
<i>Albumin</i>	2.0	2.7 – 4.4
<i>AST</i>	14	15 – 66
<i>ALT</i>	4	12 – 118
<i>BUN/Creat Ratio</i>	30	4 – 27
<i>Phos</i>	8.4	2.5 – 6
<i>Potas</i>	5.9	3.6 – 5.5
<i>Na/K Ratio</i>	25	27 – 38
<i>Plt Ct</i>	533	170 – 400
<i>Neuts</i>	50	60 – 77
<i>Lymphs</i>	42	12 – 30

Cryptosporidium spp Positive

Clos perfringens ent Positive

5. On July 1, 2020, Dr. Hammerich reviewed the blood work and diagnosed the dog with *Cryptosporidium*. She stated that there were abnormalities in the dog's blood work that she could not explain thus she consulted with an internal medicine specialist from Antech. They discussed the possibility of atypical Addison's disease due to the low Na/K ration. Due to the dog's age and clinical signs, the internal medicine specialist felt the abnormalities in the blood work may be due to malnutrition. It was agreed that a maldigestion profile should be conducted and rechecking the dog's blood work and weight in 30 – 60 days. Additionally, the usage and dosing of Azithromycin to treat *Cryptosporidium* was verified.

6. Dr. Hammerich called Complainant with the findings and recommendations. Complainant approved and scheduled to bring the dog in for the maldigestion profile. Dr. Hammerich stated in her narrative that Complainant never mentioned that the dog had been, or was currently vomiting. There was no mention of the dog showing pain or abdominal discomfort. Dr. Hammerich dispensed Azithromycin 40mg/mL, 52; 1.3mL twice a day orally for 20 days – only 10 days could be dispensed at a time since it was only good for 10 days once reconstituted.

7. On July 14, 2020, the dog was brought in to collect a blood sample for the maldigestion profile. The dog had a weight = 12.94 pounds (increase of 1.64 lbs), a temperature = 100.2 degrees, a heart rate = 170bpm, and a respiration rate = 30rpm. Again, Complainant did not report the dog was vomiting – the dog was doing well at home and there were no concerns. Dr. Hammerich stated that she did not conduct an exam on the dog but she observed the dog pulling on his leash and jumping on anyone that came near him.

8. On July 16, 2020, Dr. Hammerich reviewed the maldigestion profile results. The dog Cobalamin level was low (<150) and folate (15.3) and TLI (>50.0) levels were high. She discussed the results with Complainant; they discussed possible pancreatitis but the dog was not clinically showing symptoms. Again, Complainant did not mention of vomiting or GI distress. Complainant did mention that the dog was a picky eater, but would eat well if the other dogs were eating or nearby. It was recommended Complainant start the dog on either Vitamin B12 injections, or oral Cobalequin, and recheck the maldigestion profile in 8 weeks; Complainant opted for oral Cobalequin. It was ordered and Complainant picked up the medication.

9. On July 19, 2020, the dog was presented to Dr. Martin-Tempel, Dr. Hammerich's associate, to update his vaccines. Due to Covid protocols, CVT C█████ communicated with Complainant before bringing the dog inside the premises. Complainant confirmed the dog was there for his vaccine boosters. It was reported that the dog was eating and seemed to be gaining weight; there was no evidence of vomiting or abdominal pain. The dog was being treated with Azithromycin for *Cryptosporidium*.

10. Dr. Martin-Tempel examined the dog and found a weight = 13.75 pounds (up 2.45 lbs), a temperature = 102 degrees, a heart rate = 140bpm, and respiration rate = pant; BCS 2/9. The dog's abdomen palpated soft and non-painful. Dr. Martin-Tempel called Complainant with her exam and findings. She reported that the dog had gained weight; they could update the

vaccine boosters and continue with Azithromycin and Cobalequin as directed. Complainant did not report any occurrences of vomiting, only that the dog was a finicky eater. The dog was vaccinated and given a free dose of Nexgard and Interceptor.

11. On August 16, 2020, the dog was presented to Dr. Martin-Tempel to vaccinate for Lepto and CIV. Still under Covid protocols, CVT C [REDACTED] called Complainant to obtain the dog's current history – the dog was reportedly doing well; the only concern was that the dog was not gaining weight. No reports of vomiting or GI issues. The dog was brought inside the premises for an exam. The dog had a weight = 14.5 pounds (up 0.75lbs), a temperature = 101.6 degrees, a heart rate = 140bpm and a respiration rate = 42rpm; BCS = 3/9 and no evidence of abdominal pain. Dr. Martin-Tempel spoke with Complainant who reported the dog finished the Azithromycin and was still taking Cobalamine. No discussion of vomiting. The dog was vaccinated and it was recommended to follow up on the GI PCR panel/Cryptosporidium status and maldigestion profile.

12. On September 13, 2020, the dog was presented to Dr. Martin-Tempel for his Lepto and CIV vaccine boosters. Complainant reported that the dog had vomited but not for a while; he was still a finicky eater. The dog was brought into the premises for an exam. The dog had a weight = 13.8 pounds (down 0.7lbs), a temperature = 101 degrees, a heart rate = 160bpm and a respiration rate = 40rpm; BCS 2/9; abdomen palpated non-painful.

13. Dr. Martin-Tempel called Complainant to go over her exam and findings and recommended checking the Cobalamine/Folate levels post Azithromycin and Cobalamine administration. There was no mention of vomiting or GI issues. The dog was vaccinated and blood collected for testing. Complainant advised that the dog would eat chicken breasts and rice but was reluctant to eat Royal Canin Recovery and Royal Canin Puppy Food. Dr. Martin-Tempel recommended feeding the dog chicken white meat, no skins, olive oil, green beans and carrots, and canned pumpkin pending lab results. The dog was discharged with Entice 30mg/mL/10mL, 1 bottle; give 0.70mLs orally every 24 hours as needed to stimulate appetite.

14. On September 18, 2020, Dr. Martin-Tempel called Complainant with the blood results. The Cryptosporidium was resolved. The Cobalamine levels were above normal therefore Complainant was asked to discontinue the medication. Complainant reported that the dog was gaining weight and ravenous on the home-made diet. According to Dr. Martin-Tempel, Complainant stated she was feeding the dog four times a day and was licking the bowl clean. No evidence of vomiting or abdominal pain. It was recommended to recheck the dog in a couple weeks to re-evaluate the dog's progress and weight. If the weight loss continues, abdominal radiographs were recommended.

15. According to Complainant, she advised the veterinarians that the dog was not gaining weight or eating right. She could see gas bubbles in the dog's stomach; when the dog did eat, he would roll on his back, go into a downward dog position, or vomit. Complainant stated she was advised that the dog did not have a blockage as he was urinating and defecating normally. At one point, Complainant advised hospital staff that she felt the dog needed an ultrasound or radiograph, as there was something going on with his belly. The dog began to lose weight and vomit intensely therefore Complainant sought out a second opinion.

16. On September 28, 2020, the dog was presented to Dr. Evans Cordova at Roadrunner Animal Hospital & Grooming for a second opinion for the inability to gain weight and vomiting. The dog had a weight = 15.50 pounds (9/13/20 – 13.8lbs), temperature = 100.3 degrees, a heart rate = 120bpm, and a respiration rate = 40rpm. Based on conversations with the pet owner, Dr. Evans Cordova performed radiographs which revealed a severely distended small intestine and a small radiopaque object in the small intestine. After discussing the findings with Complainant, the decision was made to surgically explore the dog.

17. Dr. Evans Cordova stated that exploratory laparotomy revealed approximately 75% of the dog's jejunum was dilated and had multiple, large diverticula throughout the jejunum. The intestine with the diverticulum was very thin; within one of the diverticula a small piece of bone was palpated. Dr. Evans Cordova contacted Complainant with his findings and to discuss possible resection and anastomosis. He explained that the surgery could lead to chronic diarrhea and quality of life concerns. Based on the information provided, Complainant elected to humanely euthanize the dog.

18. Complainant expressed concerns that the dog's vomiting was not addressed and abdominal radiographs were not performed.

COMMITTEE DISCUSSION:

The Committee discussed that these cases came down to if Complainant reported that the dog had been vomiting. If she had, the Committee felt that it would have been documented in the medical record at least once. Neither of the veterinarians would have vaccinated a dog that was vomiting and losing weight. A basic treatment plan for a chronically vomiting dog would include radiographs.

The Committee had a hard time understanding if the dog was vomiting that often, that nothing was said to one of the veterinarians. However, there was nothing documented in the medical records and the dog was presented to the premises multiple times.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

Northern Animal Hospital



2611 W. Northern Avenue
Phoenix, Arizona 85051
(602) 995-0460

October 25, 2020

Dr. Sheila Ann Martin-Tempel, DVM.
18039 N 129th Drive
Sun City West, AZ. 85375
(415) 568-1467

Case Number: 21-37

Narrative for case regarding "B [REDACTED] Gage, owned by Sabrina Gage

July 19th, 2020:

B [REDACTED], a sweet 1 year old intact Chihuahua/Italian Greyhound Mix, Presented to update both his DHPP and Bordetella Vaccinations.

Due to the COVID-19 pandemic protocol of VCA Northern Animal Hospital, B [REDACTED] owner Ms. Gage called to inform us that she had arrived. Ms. Gage remained in the car while L [REDACTED] CVT, communicated with Ms. Sabrina Gage. L [REDACTED] verified that B [REDACTED] was here for his second DHPP and Bordetella boosters. The owner reported that B [REDACTED] was eating, no evidence of vomiting or abdominal pain, and seemed as if he was gaining weight. B [REDACTED] was being treated for Cryptosporidium a protozoan which causes gastrointestinal disease in dogs, cats, humans, calves, and rodents. Prognosis is usually excellent if cause of immunosuppression can be overcome. Buck was being treated for Cryptosporidium with Azithromycin, which was prescribed by my respected colleague Dr. Hammerich.

L [REDACTED] retrieved B [REDACTED] from Ms. Gage and went to an exam room to obtain B [REDACTED] vitals and weight. B [REDACTED] had gained 2.45 lbs. since the additional treatment of Azithromycin and Cobalequin tablets were started. Cobalamin level was a low 150, where the normal range is 249-733.

I entered the exam room for my physical exam. The vitals were normal and there was no abdominal pain or signs of a foreign body.

I proceeded to call Ms. Gage, a very pleasant owner, about my physical exam and findings. I reported his vitals were normal and that he had gained 2.45 lbs. since his initial visit. I told her we could update his vaccine boosters and continue the Azithromycin and Cobalequin tablets as directed. During our phone call she did not report to me any occurrences of vomiting, "gas bubbles in the stomach", or doing the "downward dog" during our conversation. She reported he was still a finicky eater.

We administered the vaccine boosters. We also gave her B [REDACTED] first free dose of both Nexgard and Interceptor, as well as a vaccine reaction handout. At this time there was no medical reason to offer

radiographs and I asked Ms. Gage to schedule her next appointment to start the Lepto Serovar 4 and CIV Bivalent boosters.

August 16th, 2020:

The owner brought B in to obtain his initial boosters for Lepto Serovar 4 and CIV Bivalent series, which are covered by his VCA Care Club Wellness Plan.

Due to VCA Northern's Current COVID-19 protocol, as previously mentioned, the owner called to inform us that she had arrived in our parking lot for her appointment. L C, the assigned technician, called the owner, Ms. Sabrina Gage. The owner reported B needed his second Lepto/CIV boosters. He has been doing well post vaccines. No evidence of vaccine reaction. The only concern the owner had was that he was not gaining weight. She did not report any vomiting, "gas bubbles in stomach", or "downward dog position".

L took B to the hospital and into an exam room. He acquired his weight and vitals at that time. He gained 0.75 lbs. since his previous appointment. I examined him and there were no significant findings except for B/C/S 3/9. There was no evidence of an abdominal pain or foreign body. Again there was no medical reason to recommend radiographs at this time.

I called the owner and reported that E had finished his Azithromycin and was still on Cobalamine 250mg S16: 1 tablet PO SID. Once again, no evidence of vomiting. I informed Ms. Gage that B had gained 0.75 lbs. We administer his CIV #1/2 and Lepto #1/2, and would finish the series in 3 weeks. Also at the time we should follow up on his GI PCR Panel/Cryptosporidium status and Maldigestion profile to evaluate his Cobalamine levels.

September 13th, 2020:

Ms. Sabrina Gage brought B in for his final CIV/Lepto Series and to recheck his Cryptosporidium status and Cobalamine/Folate levels post treatment. The COVID-19 protocol was still in effect as previously stated. The owner reported that Buck had vomited but not for a while. He is still a finicky eater. She did not request abdominal radiographs at this time and there was no medical reason to offer them.

J K, the attending technician, initially spoke to the owner and reported the above. She went to Ms. Sabrina Gage's car and obtained Buck to bring into the hospital. J obtained B weight and vitals. His vitals were normal and he had lost 0.7 lbs.

I came to the exam room and did my physical exam on B. The physical exam was normal. No evidence of abdominal pain or foreign body. He lost some weight but was still up from his initial weight of 11.3 lbs. I called the owner and informed her that we need to recheck B Cobalamine/Folate levels post Azithromycin and Cobalamine administration. The owner did not mention abdominal pain, "gas bubbles in stomach", or any other concern that would necessitate abdominal radiographs. I told her we would update B CIV/Lepto Series and obtain his response to therapy for both

Cryptosporidium and Hypocobulemia. I would call with results. The owner reported Buck would eat chicken breasts and rice but is reluctant to eat the Royal Canin Recovery and Royal Canin Puppy Food. I told her to feed him chicken white meat, no skins, rice, olive oil, green beans, carrots and canned pumpkin pending lab results.

September 18th, 2020:

I called the owner with the Maldigestion profile and the Cryptosporidium PCR results.

- Telecom:
- 1.) The Cryptosporidium had resolved.
 - 2.) The Cobalamine levels were above normal. >1000 when normal range is 249-733. Previously <150. I told the owner to discontinue the Cobalequin tablets.
 - 3.) The owner reported that Buck was loving his homemade diet and eating ravenously. She is feeding him four times daily and he is licking the bowl clean. Per the owner "even the children want to eat Buck's food". She did not report any evidence of vomiting or abdominal pain. She seemed pleased with the results and Buck's progress.
 - 4.) I told her to make an appointment in a couple of weeks to re-evaluate his progress and weight.
 - 5.) If his weight loss continues, I recommended abdominal radiographs.

I did not hear from Ms. Gage after the above telecom.

Final Notes:

I extend my condolences to the Gage family for the loss of B [REDACTED]. She was a very nice woman, and B [REDACTED] was such a sweet, young dog. Everyone who worked with P [REDACTED] tried to give him excellent care and identify his underlying cause. Please feel free to contact me if I can be of any further assistance in this case.

Sincerely,

Sheila Martin-Tempel D.V.M.

Dr. Sheila Martin-Tempel, DVM.
AZ License #4244

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
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10/3/20

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Oct. 5, 2020

Case Number: 21-37

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT:

Judith Hammerich
Sheila Martin-Tempel

Premise Name: VCA

Premise Address: 2611 Northern Ave

City: Phoenix

State: AZ

Zip Code: 85051

Telephone: 602 995 0460

602 995 0460

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Sabrina Page

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Home Telephone: [REDACTED]

Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: B

Breed/Species: small (15 lbs) mixed breed

Age: 1 year Sex: Male Color: Brown

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Sheila Martin-Temple / Judith Hammerich

VCA Northern Animal Hospital

2611 W. Northern Ave

Phoenix AZ 85051

602.995.0460

E. WITNESS INFORMATION:

✓ Road Runner Animal Hospital 602.995.0460
12330 N 7th Ave Phoenix 85021

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: 10/4/20

Allegations and/or Concerns

I have been going to VCA Animal Hospital for over 5 years. Over all they have been great. I have never had a bad experience other than a long wait time. I have been lucky that none of my animals have been sick. All of our visits were just shots, or check-ups. This time was different. We have been to the office 8 times in the last 4 months spending more than \$2,500.

We first brought B[redacted] in to the office in June of 2020. He was thin, vomiting, and barely gaining weight. That was our concern. They agreed that something was wrong and immediately started running a number of tests. They ranged from blood, stool, coccidiomy, ect. The results came back that he indeed had a parasite. It was Cryptosporidium. Which they said would affect his weight. We treated him for that. After about 2 1/2 weeks he was still not gaining weight. We bring him back to vet again and again. They run more tests. They can not figure out is wrong. They, at this time say his B12 is super low. It was less than 150. Normal range is 500-750. So we gave him a supplement for that. B[redacted] still is not gaining weight or eating right. I tell the Vet that I can see gas bubbles in his stomach. I explain that when he does eat he rolls on his back or does the downward dog position or even vomits. Still she tells me this is normal because he is so thin, stating couldnt be a blockage because he poops and pees like normal. We are just going back and forth for vet visits and he isn't getting better or gaining weight.

I called and told the receptionist that I think he needs an x-ray or ultra-sound, and something is going on in his belly. She said she'd make a note of it. The last time we went the vet said I think he is just a Hollywood dog, he's just picky...when I explained I could only get him to eat rice and chicken meals. He again started to loose weight and more intense vomiting.

I have lost all hope in his recovery. So I decided to get a second opinion. I made an appointment with the RoadRunner Animal Hospital on Sept 28th. Within an hour the Vet stated something is going on in his belly for sure, he had an Xray and they found something in his intestines. He had to go to surgery. They called me about 4 hours later to inform me that his intestines were very mangled and damaged. They said that he only had a 25% to recover from the damage had been already done. That if he did recover, he would be in the same situation that we currently dealing with. They stated that this is something that had been going on for a long time probably months and months, if not his entire life. We had to put him down to end his suffering. He had been suffering for months. This could all been prevented had the Vets at VCA given him a Xray or proper exam. Instead they looked over the facts because his b12 was low something wasn't absorbing right in his tiny body. I expressed that a number of times. Still they just ran more bloodwork and fecal tests. NOT ONE X-RAY. Just racking up hundreds of dollars in fees, just to find out hes been suffering this whole time. I would like my money back, but I know that's not going to happen, ~~but I want~~

I will never bring any one of my animals back there.